

# **EXHIBIT 7**

Report of Matthew Perri III in Case no. 17-OP-45004 (N.D. Ohio) and Case No. 18-OP-45090 (N.D. Ohio)

Confidential and Subject to Protective Order

Expert Report of Matthew Perri III, BS Pharm, PhD, RPh

March 25, 2019

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143. Providing a different perspective on addiction and opioid abuse, Mr. Cramer, formerly with Purdue, stated with respect to opioid abuse, “...an opioid is an opioid is an opioid...” Suggesting he believes that all opioids have similar potential for harms.<sup>293</sup>

**Theme Two: Opioids are effective for, and improve functioning in, patients taking them for long-term and chronic use.**

144. In addition to minimizing concerns over addiction, tolerance, dependence, and abuse, Defendants’ marketing messages also sought to communicate that for those in pain, opioids can make life better. Communicating messages to Customers like, “there can be life with relief”<sup>294</sup> and “[g]ive your patients the freedom of a life uninterrupted by chronic pain,”<sup>295</sup> Defendants’ sought to change the belief (a barrier to opioid use) that using opioids results in a decline in functioning. The Kadian Learning System states: “Although the effect of the therapy in reducing the patient’s pain is of primary importance, the improvement in the patient’s ability to function is considered the gold standard of chronic pain treatment.”<sup>296</sup>
145. This was evidenced in the Opana platform as well, with their tagline of “Opana ER protects me from pain for a full 12 hours so I can go about my daily activities,”<sup>297</sup> and other Opana ER documents stating:

“Maximum improvement in functionality, consistent pain relief and the best tolerability profile in its class. Enables patients to function better throughout the day, sleep well through the night, and achieve the QoL they desire, with minimal cognitive and other side effects.”<sup>298</sup>

A patient guide, Finding Relief: Pain Management for Older Adults, sponsored by PriCara, a division of Janssen, attempted to dispel the “Myth” that opioids make it harder to function

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<sup>293</sup> Phil Cramer Deposition, 11-20-18, p.8.

<sup>294</sup> PDD1501614879

<sup>295</sup> JAN-MS-00306286

<sup>296</sup> ALLERGAN\_MDL 01610520, Kadian Learning System.

<sup>297</sup> ENDO-OPIOID\_MDL-02150882, Module 3, Opana Risk Management Program, 2006 Endo Pharmaceuticals.

<sup>298</sup> ENDO-CHI\_LIT-00417068, Opana ER Strategic Platform, Chronic Pain, September 2012.

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normally, stating, “Fact: When used correctly for appropriate conditions, opioids may make it easier for people to live normally.”<sup>299</sup>

146. As noted in Table II, other messages included, for example:

- Defendants’ opioids improve function and will make your life better without risk.<sup>300</sup>
- Opioids have no maximum dose. If you are in pain, more opioids can be given without additional risk (“titrate to effect”).<sup>301</sup>
- Opioids can be prescribed for any duration without risk.<sup>302</sup>

147. The book Defeat Chronic Pain Now sponsored by Mallinckrodt’s C.A.R.E.S. alliance and used as a sales tool states, “It is currently recommended that every chronic pain patient suffering from moderate to severe pain be viewed as a potential candidate for opioid therapy.”<sup>303</sup> The book echoes Defendants’ core marketing proposition to treat all pain with opioids. In at least some of the opioid marketing, there did not appear to be any boundaries as to who would be targeted

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<sup>299</sup> JAN-MS-00476773, Pain Management for Older Adults, Featuring Kathy Baker. Badges from AAPM, AGS, PriCara.

<sup>300</sup> See also, e.g., ENDO-CHI\_LIT-00190053, p.46; ENDO-CHI\_LIT-00190053, p.56; Actiq 2002 Marketing plan, TEVA\_CHI\_00042826, p.27; Inventiv Sales training, Actavis overview and Kadian Introduction, ACTAVIS0581557, p.15; “opioid efficacy meets unexpected tolerability” Nucynta training workshop, JAN00102829, p.13; “Living with chronic pain – Your guide to better days and night,” (Avinza) “Under proper medical supervision, the risk of opioid addiction is low.” END00014041-58; See also, Table II and Schedule 10.

<sup>301</sup> See also, e.g., “Kadian does not have a ceiling or recommended maximal dose” ACTAVIS0361328, p.6; “doctor, there is no established ceiling dose for Nucynta ER.” (Note, Janssen did follow this statement here with a recommendation not to exceed 500 mg doses) Nucynta ER Frequently Asked Questions, JAN00124243, p.8; PKY180504210 – “All pure agonist opioids have no maximum daily dose or ‘ceiling’ on analgesic effect. Thus, opioids can be titrated to as high a dose as clinically necessary to achieve analgesia.”; Purdue sales message for Oxycontin sales reps: “With pure opioid agonist analgesics, there is no defined maximum dose: the ceiling to analgesic effectiveness is imposed only by side effects.” PKY181686977; See also, Table II and Schedule 10.

<sup>302</sup> See e.g., PKY180425172, “regular use of an opioid medication for pain relief does not stimulate addictive neurobiologic patterns.”; PKY180947673, “Many individuals assume that regular use of potentially addictive substances inevitably leads to addiction or drug dependence. THIS IS NOT TRUE! Often such use leads to physical dependence but not necessarily negative consequences or compulsion.”; PKY181654983, “Addiction studies conclude that CP patients have low risk of addiction despite chronic opioid usage.”; See also, Table II and Schedule 10.

<sup>303</sup> Morellim Arthur\_MNL Deposition, pp.380-381; Webb, Kevin\_MNK, pp.80-83, 99-100. 107, 133.

Report of Matthew Perri III in Case no. 17-OP-45004 (N.D. Ohio) and Case No. 18-OP-45090 (N.D. Ohio)

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with opioid messaging. In a Janssen presentation related to the Imagine the Possibilities Pain Coalition, Janssen lays out plans to reach out to youth, advocating to “[r]each early: elementary school level; via respected channels, e.g., coaches” to deliver a *“practical message”* that *“[p]ain is your body telling you something important.”*<sup>304</sup> This presentation also suggests targeting returning veterans and the media to carry the desired opioid messaging: pain must be treated, and treatment with opioids is a good idea.

148. Defendants also focused on using opioids for all types of pain with a rationale that quality of life as a patient outcome is a reason to consider opioid therapy. Some examples include:

- An Opana ER branded slide set on Managing Chronic Osteoarthritis Pain, where elderly patients are targeted for opioid therapy: “All patients with moderate to severe pain, pain-related functional impairment or diminished quality of life due to pain should be considered for opioid therapy.”<sup>305</sup>
- An Endo project brief for an Opioid Patient Brochure highlights “Reasons to Believe” and lists “Good for constant pain no matter the cause.”<sup>306</sup>
- A reminder for Purdue field sales personnel discussing the pediatric indication for OxyContin states, “The indication does not specify any particular chronic pain conditions.”
- Janssen promotes opioid use for any condition with the line “Consider for all patients with moderate to severe non-cancer pain, but weigh the influences.”<sup>307</sup>

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<sup>304</sup> JAN-MS-02057431, Imagine the Possibilities Pain Coalition, reaching out to youth; Vorsanger\_Janssen\_Vol.2 Deposition, pp. 673-675.

<sup>305</sup> ENDO-CHI\_LIT-00024587, Opana ER For the Management of Chronic Osteoarthritis (OA) Pain.

<sup>306</sup> ENDO-CHI\_LIT-00208241, Creative/Project Brief, Project Name: Opioid Patient Brochure.

<sup>307</sup> JAN-MS-00653426 p.19, Chronic Pain: Prevalence and Impact.

Report of Matthew Perri III in Case no. 17-OP-45004 (N.D. Ohio) and Case No. 18-OP-45090 (N.D. Ohio)

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189. Using these general themes, Defendants used a battery of specific marketing messages designed to increase product awareness and systematically remove existing barriers: effectively changing how Customers viewed opioids. Other experts evaluated the nature of these messages and provided the opinions that Defendants' marketing messages were false, misleading, inaccurate, or designed to misstate the risks and benefits of Defendants' drugs. Defendants also downplayed the negative aspects of their products and convinced prescribers, and others, to use opioids sooner in treating pain, at higher doses, and for a broader spectrum of pain types.
190. Further, Defendants' marketing activities with influencers, KOLs, and professional/advocacy organizations gave their messages more credibility because Defendants hid their funding and influence from the medical community and the public. This created the perception that the information from these marketing efforts was unbiased and more scientific which mislead Customers about the impartiality of the messages.
191. The marketing strategies and tactics Defendants used were effective at gaining market share and expanding the overall market for opioids. This led to a dramatic rise in utilization of opioids in the U.S.
192. Defendants violated marketing standards by creating and disseminating false or misleading marketing messages that downplayed or minimized the risks associated with opioids, while emphasizing the benefits of their drugs, and by disguising their support of activities aimed at increasing sales of their own products.

**V. SIGNATURE**

193. I reserve the right to amend my opinions in this matter considering any new or additional information.



Matthew Perri III BS Pharm, PhD, RPh

March 25, 2019

Date